CBAS Stakeholder Workgroup
Future and/or Parking Lot Issues – March 2014
Update for Olmstead Advisory Committee – March 19, 2014

Topic	Detail from Workgroup Discussions
❖ **Form Individual Plan of Care (IPC) Redesign Workgroup**	❖ Plan vs. Provider requirements for care plans ❖ Transition to clinical and data collection tool ❖ Need to identify core data elements ❖ Standardize fields for data capture and reporting ❖ Need for defining and including what drives changes to care plan and days of service ❖ Incorporate person-centered care planning ❖ Discuss 12-month Treatment Authorization Request (TAR) IPC option
❖ **Form Data Workgroup**	❖ Explore health information technology, share data, reduce duplication ❖ Standardize CBAS assessment tools ❖ Modify CBAS Dashboard based on Plan needs public interest, changes to IPC/required reports ❖ Reconsider how to capture capacity/utilization
❖ **Form Quality Workgroup**	❖ Develop quality strategy, crosswalk items in Waiver and make recommendations ❖ Develop quality metrics for person-centered care/continuity of care ❖ Establish clinical and program outcome measures/indicators and methodology ❖ Promote staff training on Best Practices and quality Improvement ❖ Better utilize existing enforcement provisions for Centers not meeting licensing or quality Standards
❖ **Rates**	❖ Create incentives to serve special populations ❖ Establish acuity-based rate ❖ Restore 10% rate cut ❖ Review rate-setting methodology for Plans and Centers, actuarial rates, fee-for-service rates

Topic	Detail from Workgroup Discussions
❖ **Laws/ Regulations**	❖ Create flexibility in laws and regulations ❖ Pending legislation-AB 1552 ❖ Regulatory/statutory reform to bring Adult Day Health Care (ADHC) requirements up-to-date with CBAS ❖ Give the California Department of Aging (CDA) authority to oversee CBAS providers for certification and licensing
❖ **Access**	❖ Develop a plan and process for growth for new CBAS-certified centers after August, 2014 ❖ Create flexibility in CBAS Program model to serve special populations (mental health, developmental disabilities, traumatic brain injury, dementia) with varied staffing requirements based on individuals served ❖ Develop strategies to increase utilization where capacity exists
❖ **Provider/Plan Relationship**	❖ Make consistent varying TAR authorization policies among Plans ❖ Test validity of Plan eligibility determinations ❖ Authorize Plan services within required timeframes ❖ Establish pathways for communication between Plans and CBAS centers ❖ Coordinate “care coordination” between CBAS centers and Plans